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UNITED STATES U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB N	umber	3235-0076				
Expires	:	May 31, 2005				
Estimated average burden						
hours per response:16.00						
SEC USE ONLY						
Prefix		Serial				
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	DATE RE	CEIVED				

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06 Section 4(6) ULOE
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MAY 1 9 2004
licate change.)
THOMSON
Telephone Number (Including Area Code)
503-227-4538
Telephone Number (Including Area Code) Same as above
1
other (please specify):
☐ ☑ Actual ☐ Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter ■ Beneficial Owner Executive Officer □ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Lipp, Jeffrey D. Business or Residence Address (Number and Street, City, State, Zip Code) 309 SW Sixth Avenue, Suite 810, Portland, OR 97204 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Executive Officer ☑ Director General and/or Managing Partner Full Name (Last name first, if individual) Devlin, Daniel T. Business or Residence Address (Number and Street, City, State, Zip Code) 309 SW Sixth Avenue, Suite 810, Portland, OR 97204 Executive Officer ☑ Director General and/or Check Box(es) that Apply: Promoter ■ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Lipp, Robert Business or Residence Address (Number and Street, City, State, Zip Code) 309 SW Sixth Avenue, Suite 810, Portland, OR 97204 Executive Officer ☐ General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☑ Director Managing Partner Full Name (Last name first, if individual) Loftesness, Scott Business or Residence Address (Number and Street, City, State, Zip Code) 309 SW Sixth Avenue, Suite 810, Portland, OR 97204 ■ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Grosfeld Oregon Investments, LLC Business or Residence Address (Number and Street, City, State, Zip Code) One Towne Square, Suite 1600, Southfield, MI 48076 General and/or ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Director Managing Partner Full Name (Last name first, if individual) 3S, LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o Stanley S. Shuman, 711 Fifth Avenue, 9th Floor, New York, NY 10022 ☐ General and/or Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Grosfeld, James Business or Residence Address (Number and Street, City, State, Zip Code) One Towne Square, Suite 1600, Southfield, MI 48076

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Vesta Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 309 SW Sixth Avenue, 12th Floor, Portland, OR 97204 General and/or Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Shuman, David L. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Bridger Capital, LLC, 101 Park Avenue, 48th Floor, New York, NY 10178

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING								
	Yes No							
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	<u>X</u>							
Answer also in Appendix, Column 2, if filing under ULOE.								
2. What is the minimum investment that will be accepted from any individual?	\$N/A							
	Yes No							
3. Does the offering permit joint ownership of a single unit?	<u>X</u>							
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or								
similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed								
is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the								
broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth								
the information for that broker or dealer only.								
Full Name (Last name first, if individual)								
N/A								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Change of Residence Resident (Name of the State), Only, State, 21p Code)								
Name of Associated Broker or Dealer								
Name of Associated blokel of Dealer								
	,							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								
(Check "All States" or check individual States)	☐ All States							
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[WY] [PR]							
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
$m{\cdot}$								
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								
	П. 							
(Check "All States" or check individual States)	All States							
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Full Name (Last name first, if individual)								
ruli Name (Last name nrst, il individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers								
(Check "All States" or check individual States)	All States							
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[WY] [PR]							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	UF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 3,500,000	\$ 3,201,480
	☐ Common ☒ Preferred	<u> </u>	<u> </u>
	Convertible Securities (including warrants)	\$0	\$ 0
	Partnership Interests	\$0	\$ 0
	Other (Specify)	\$ <u> </u>	\$ 0
			-
	Total	\$ <u>3,500,000</u>	\$ <u>3,201,480</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 3,201,480
		14	
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	\$N/ <u>A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	· · · · · · · · · · · · · · · · · · ·		
	Rule 505	N/A	\$N/A
	Regulation A	<u>N/A</u>	\$N/A
	Rule 504	N/A	\$N/A
	Total	<u> N/A</u>	\$N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$0
	Legal Fees	🗵	\$ <u>20,000</u>
	Accounting Fees.	-	\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)		\$0
	Total	🗵	\$ <u>20,000</u>

	C. OFFERING PRIC	E, NUMBER OF INVESTORS, EX	XPENSES	AND	USE OF P	ROCEED	S		
	b. Enter the difference between the aggregate offering price given in response to F Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference "adjusted gross proceeds to the issuer."			ice is the				\$ <u>3,480,000</u>	
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth set forth in response to Part C - Question 4.b above.									
		,			Payments of Directors, &			-	ents to ners
	Salaries and fees				\$	0		\$	0
	Purchase of real estate				\$	0		\$	0
	Purchase, rental or leasing and installation of machinery and equipment				\$	0		\$	0
	Construction or leasing of plant buildings and f	acilities			\$	0		\$	0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer				•	0	_	•	0	
pursuant to a merger)					\$			\$	
	• •				\$			\$	
	Working capital				\$		×	\$3,4	
	Other (specify):				\$	0		\$	0
	•				\$	0		\$	0
	Column Totals			\$		⋈		80,000	
Total Payments Listed (column totals added)									
	Total Fayments Listed (column totals added)								
		D. FEDERAL SIGNAT	URE						
ınd	e issuer has duly caused this notice to be signed by the lertaking by the issuer to furnish to the U.S. Securities redited investor pursuant to paragraph (b)(2) of Rule	and Exchange Commission, upon writte	this notice i n request o	is filed f its sta	under Rule 5	05, the folloation furnis	owing sign shed by the	ature const	itutes an ny non-
ssu	ner (Print or Type)	Signature			Date				
Chockstone, Inc.				April 2	7, 2004				
Var	me of Signer (Print or Type)	Title of Signer (Print or Type)							
Jei	ffrey D. Lipp	President							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)